

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDS/OL/LSD 9	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
Accident						<input checked="" type="checkbox"/> STATISTICAL	
						<input type="checkbox"/> NARRATIVE	
						<input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL		TRAINING	ADMIN. GENERAL OTHER (specify)		
		<input checked="" type="checkbox"/> LOGISTICS	<input checked="" type="checkbox"/>	SECURITY			
		<input checked="" type="checkbox"/> MEDICAL	<input checked="" type="checkbox"/>	FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
Five		When accident occurs.			LSD/Safety O, LSD; MPB: OI/Security O, & CIA Security Officer		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memo		<input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input type="checkbox"/> NO					
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identity by title, Form No., or nomenclature. Attach separate sheet if necessary.)			
Motor Pool Branch				-----			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
GS 11-7	6.87	2		13.74	Approx. 30		412.20
GS 4-1	2.81	1		2.81	30		84.30
B. COSTS OF COMPUTER PRODUCED REPORTS							
90 TOTAL COSTS PER YEAR						496.50	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
Combined w/annual safety report.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS	DOLLARS
<input type="checkbox"/> CHANGE						---	STAT
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION
		Approved For Release 2006/11/13 : CIA-RDP75-00399R000100130061-6 Reports Officer, LSD/OL					
FORM 9-70 142		Classification					(22 of 40)